Alaska Trauma Registry Calendar
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What are the benefits of trauma center designation?
This is a common and a very worthwhile question considering the effort which may be required to achieve trauma center designation. These are the answers given by three of Alaska's Trauma Nurse Coordinators who have gone through the process of setting up a trauma system at their hospitals.

Barbara Simonsen, Providence Alaska Medical Center: "The hospital is organized to meet the needs of the trauma patient by having a plan in place. A plan means that the resources for treating trauma are ready and available for all trauma patients This improves patient outcomes and reduces the stress and vulnerability of the surgeons.

At Providence we've seen an improvement in patient outcomes, similar to that demonstrated by other hospitals [in the lower 48] that have worked toward trauma center designation. PAMC experienced a significant decline in the death rate of seriously injured patients after a system was put in place."

Mary Leemhuis, Alaska Native Medical Center: "All kinds of research proves that patient outcomes are better if handled in an expedient way and a systematic approach. Overall patient outcomes are improved when the hospital staff is organized and mobilized to care for trauma patients. Patients are seen quicker and the process is expedited.
Every hospital in Alaska has to treat trauma. At ANMC we have found that having a system in place not only improves trauma care, but overall care to all ER patients."

Charlotte Mielke, Bartlett Regional Hospital: "It's not the trauma center designation, but the process that makes you grow as a hospital. It's the process of becoming whatever level trauma center your particular facility can achieve.

The most notable difference was the sudden awareness that Bartlett was going to organize our trauma care. If someone says, 'I have a chest pain' and walks into the ER, we have pathways and protocols. However, trauma is a different animal. It's not consistent and historically we were content with handling each trauma event as it came in and consider that when the patient lives or is transferred out alive, that we've done a good job. Afterward, we'd sit around and try to critique our performance, but we didn't have a standard to use to determine our success.

Now we have defined who is to be called to the trauma codes. We've looked closely at our trauma pathways and protocols and really thought about what we wanted them to say."